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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/760,588
	Filing Date	01/16/2001
	First Named Inventor	Melton B. Affrime
	Group Art Unit	1614
	Examiner Name	C. Delacroix_Muirheid
Total Number of Pages in This Submission		Attorney Docket Number AL01132K

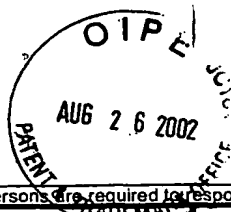
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below)
Remarks Appendix A & B (attached to Amendment & Response) PTO/SB/OBA (10-01) and copies of 8 references; Return Postcard		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	THOMAS D. HOFFMAN
Signature	<i>Thomas D Hoffman</i> 8/22/2002
Date	August 22, 2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 08/22/2002	
Typed or printed name	THOMAS D. HOFFMAN
Signature	<i>Thomas D Hoffman</i> Date August 22, 2002

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

**Complete if Known**

Application Number	09/760,588
Filing Date	01/16/2001
First Named Inventor	Melton B. Affrime
Examiner Name	C. Delacroix-Muirheid
Group Art Unit	1614
Attorney Docket No.	AL01132K

TOTAL AMOUNT OF PAYMENT (\$ 1268.00

**METHOD OF PAYMENT**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

19-0365

Deposit  
Account  
Name

Schering-Plough Corporation

- ☒
- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status.  
See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money  
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)

101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

Fee Paid

SUBTOTAL (1) (\$)

**2. EXTRA CLAIM FEES**

Total Claims	58	-20** =	0	X	Fee from below	Fee Paid
Independent Claims	14	-3** =	2	X	84	\$168.00
Multiple Dependent						

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)

103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 168.00

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code	Fee Code	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	\$ 920.00
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	\$ 180.00
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 1100.00

**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	THOMAS D. HOFMAN	Registration No. (Attorney/Agent)	28,221	Telephone	908-298-5037
Signature	Thomas D Hoffman	Date	August 22, 2002		

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